7. KHAK PAYENDAH

14 women were examined in this village. All have been resident here all their lives. No children were recorded with signs of cretinism, deaf/mutism, locomotion difficulty or retardation.

This village was very poor and the women were unco-operative and reluctant to be examined. One particular man was very vocal. He organised the women and insisted upon being present throughout the examinations. After much persuasion a small number of women were examined in a house. When no more came to be seen the reason was asked of this spokesman who replied that only the sick women had been brought. After it was explained that all the women needed to be seen he became unco-operative so it was decided to visit the women in their houses. In one house a lot of persuasion was necessary before the women consented to being examined.

This village is divided politically between two parties. This in part may account for the women's unwillingness to be examined and their unco-operative behaviour. Due to the attitudes of the people a relatively small number of examinations was carried out.

Whilst moving around the village a large number of people with visible eye diseases was noted by the examiner.

Information gathered and recorded at the examination:

14 WOMEN EXAMINED

14	WOMEN	WITH	CLASS	0	100 %
--	"	"	"	1a	---
--	"	"	"	1b	---
--	"	"	"	2	---
--	"	"	"	3	---
--	"	"	"	4	---
14					100 %

Of these 14 women it was further noted that 54 children had been born of whom 37 were still living, while 17 had died.

CHILDREN	54	100 %
ALIVE	37	69 %
DEAD	17	31 %

8. ZAKHCHA KHANA

25 women were examined in this village. All have been resident here all their lives. No children were recorded with signs of cretinism, deaf/mutism, locomotion difficulties or retardation.

Compared with the previous villages in the area this one was relatively well off. The women were examined in a large hall and all co-operated fully with the examinations. The children were not shy; they crowded into the room or watched the examinations being carried out from outside.

The women told of a twenty-two year old mute (from birth) woman who was brought to be examined. She refused.

One woman presented with a lump under her chin. She said it had been there for two years. There was no pain in the first year but now the lump was getting bigger and pain was associated with it.

Another woman had a lump on the right side under her chin. There was no pain and she was not aware of how long it had been there.

An eighteen year old woman with goitre (class 1a) told the examiner that she had had goitre (?) ten years ago and had been given injections. Three years ago, because of pain in the area, she went to a doctor who gave her medicine to gargle. She still had pain in the area.

Another woman presented with a large lump under the left side of her chin. She said it had been there for twelve years. When she was in Kabul she had medicine which she took for six years. However she has not taken any medicine since and stated that the medicine which she did have had not helped. There was no pain in the area.

Information gathered and recorded at the examination:
25 WOMEN EXAMINED

24	WOMEN	WITH	CLASS	0	96 %
1	"	"	"	1a	4 %
--	"	"	"	1b	--
--	"	"	"	2	--
--	"	"	"	3	--
--	"	"	"	4	--
25					100 %

Of these 25 women it was further noted that 91 children had been born of whom 66 were still living, while 25 had died.

CHILDREN	91	100 %
ALIVE	66	73 %
DEAD	25	27 %

OVERALL RESULTS

GOITRE

214 WOMEN EXAMINED

150	WOMEN WITH CLASS	0	70.1 %
45	" " "	1a	21.0 %
13	" " "	1b	6.1 %
5	" " "	2	2.3 %
1	" " "	3	0.5 %
---	" " "	4	----
214			100.0 %

INFANT/CHILD MORTALITY

CHILDREN	832	100 %
ALIVE	534	64 %
DEAD	298	36 %

CONCLUSION

From the results of the survey it is seen that **29.9 % of the 214 women** examined were affected by goitre, due to lack of sufficient iodine in their diet. This figure is extremely high and does not take into account the fact that men and children were not examined.

Criteria according to World Health Organisation states that goitre -iodine deficiency disease- prevalence means the presence of at least 30 % of palpable goitres occurring in the adult population. The error margin is between 20 to 25 % (with a confidence interval of 95 %). In addition, a prevalence rate of at least 20 % of visible goitres, associated with 1 % cretinism, among the overall population is sufficient to state endemicity.

As seen from the map, four of the villages are a considerable distance from Kajab-e-Behsud while the remainder are in close proximity, so the survey can be considered as an accurate representation of this large area rather than a compact sample of one restricted location. So from the results of the areas surveyed the likelihood of iodine deficiency diseases - goitre and related disorders- occurring in the unsurveyed areas of Hazarajat are high. (It should be noted that whilst in Hazarajat information received from Bamiyan regarding visible goitre observed in eleven villages recorded a rough prevalence rate of 23.1 %. This assumes a much higher prevalence of goitre for the whole region.)

From a social point of view it can be reasonably assumed that if goitre cannot be controlled, the instance of cretinism in children will rise within the affected population. Cretinism, including deaf/mutism, locomotion difficulty and mental retardation is irreversible, thus any development in the areas where goitre control cannot be maintained will be impossible. It is therefore imperative that a strategy be formulated which takes into account these long-term consequences of iodine deficiency disease and its relationship with the surviving children of affected parents.

At present medical services in Hazarajat are non-existent. Goitre, as with other ailments, must be accepted simply because there is no access to these facilities. Usually there is no pain associated with goitre, only discomfort as it becomes enlarged, so people learn to live with it.

The disturbing factor revealed from this survey was the high incidence of infant/child mortality. Only **64 %** of the **children** born to the surveyed women have **survived** and there is no guarantee that they will in the future continue to survive. Unfortunately it is not known to what extent the presence of goitre is responsible for this high death rate because there is no record of the ages or circumstances of death (diseases, accidents etc.) of these babies/children. To know the figures is not enough, additional information is necessary if adequate assistance is to be given.

The eight villages surveyed are located in two different areas of Hazarajat so according to statistical methodology this sample represents the whole region. It is suggested that a preventative and curative strategy which can minimise or even halt this disease with its dangerous and tragic consequences, both for the afflicted and the future generation, be formulated and implemented as quickly as possible. Without a healthy population including children who have a guaranteed survival the future of Afghanistan cannot be assured.

INTEGRATED DEVELOPMENT GROUP, IDG

GOITRE SURVEY

at

KAJAB-E-BEHSUD

from

12/9/89 - 24/9/89

by

Barbara Bill

INTRODUCTION

Goitre,or iodine deficiency disease, is a disease of the thyroid due to lack of iodine in the diet. Not only is goitre itself serious but it is an indication of the possible presence of associated diseases in children such as cretinism, mental and physical debility, deaf/mutism, paralysis, delayed development, plus problems of infertility, stillbirths, abortions, and perinatal mortality amongst women.

AVICEN teams have regularly reported the incidence of goitre in the areas of Afghanistan where they have vaccinated. This reporting has alerted AVICEN to the high frequency and dangers of this disease and in response has initiated training for goitre control in conjunction with the Vaccination Supervisors' Course.

AVICEN'S role as the health component in the UNICEF/IDG project in Behsud, Hazarajat, warranted a survey to be undertaken prior to the commencement of the project. This was to assess the prevalence of goitre in the area in order to prepare an appropriate programme for prevention of further goitre.

A survey of eight villages in the woleswoli of Behsud was carried out during the fortnight between 12th and 24th September, 1989.

The villages surveyed comprised:

1.	KATA HISAR	21 families
2.	BALA HISAR	21 families
3.	KATA QALA	32 families
4.	DASHT-E-KHALIQ	90 families
5.	MEEKH-E-KORAH	25 families
6.	ALTAR GHANIGAK	49 families
7.	KHAK PAYENDAH	19 families
8.	ZAKHCHA KHANA	29 families

The first four villages were located in the area of Kajab-e-Behsud while the remaining four were situated in the region to the north-west.(SEE MAP) To reach this area a ten hour drive by 4WD vehicle was involved.

METHODOLOGY

The adult target group of AVICEN's preventative programme is women to the age of forty-five years. This survey was carried out only among childbearing women (between the ages of fifteen and forty-five years) as they are the group at high risk.

Originally the survey was to have been based on the principle of random sampling whereby from a central place in the village a certain direction is selected. The interval between the houses and the households to be examined are then chosen at random.

This method could no doubt be applicable to many villages in Afghanistan, however in the area surveyed it proved inappropriate due to the plan of the villages. Rather than all the households being clustered in a central area, they consisted of scattered groups of two or three houses and, being small villages, the decision was made to examine all the women within the target group.

Depending on the layout of each village, one (or sometimes more) house was chosen for the women to come to be examined. To ensure that as many women as possible were seen, those who did not attend the examination were visited in their homes.

The women were initially examined from the front with head in the normal then extended position, and then by palpation from behind.

Three men (in turn) were recruited locally to accompany the examiner, ask questions of the women and record the information in the books provided for that purpose. The results were recorded on an increasing scale of 0 - 4 and can be interpreted as follows:

Class 0 : Normal, usually not palpable
Class 1a: Palpable only - not visible
Class 1b: Palpable, visible only with neck extended
Class 2 : Visible with head in normal position
Class 3 : Visible from a distance
Class 4 : Grossly enlarged

RESULTS

The following results were recorded on a village by village basis:

1. KATA HISAR

27 women were examined in this village. 26 have been resident here all their lives. The remaining woman came from another village (Dewali) ten years ago. One child was recorded with signs of cretinism (deaf/mute, with locomotion difficulty and severe retardation). Two mute children were also recorded.

The mother of the child with cretinism (a six year old boy) brought him with her when she came to be examined. The woman showed no sign of goitre.

The women told of another boy (sixteen years old) with the same affliction although he was not seen by the examiner. One young man (twenty-two years old) was brought to be examined. He was deaf in his right ear and his right leg did not function. This man did not seem to suffer from any mental debility, although the examiner asked him only a few simple questions so this cannot be considered a conclusive assessment.

Information gathered and recorded at the examination:

27 WOMEN EXAMINED

17	WOMEN	WITH	CLASS	0	63.0 %
5	"	"	"	1a	18.5 %
2	"	"	"	1b	7.4 %
2	"	"	"	2	7.4 %
1	"	"	"	3	3.7 %
--	"	"	"	4	---
27					100.0 %

Of these 27 women it was further noted that 84 children had been born of whom 58 were still living, while 26 had died.

CHILDREN	84	100 %
ALIVE	58	69 %
DEAD	26	31 %

2. BALA HISAR

23 women were examined in this village. 22 have been resident here all their lives. One woman moved from another village (Surkh Qala) one month ago. No children were recorded with signs of cretinism, deaf/mutism, locomotion difficulty or retardation.

This village was very poor. All the women co-operated fully with the examinations carried out.

Information gathered and recorded at the examination:

23 WOMEN EXAMINED

7	WOMEN	WITH	CLASS	0	30.4 %
8	"	"	"	1a	34.8 %
7	"	"	"	1b	30.4 %
1	"	"	"	2	4.4 %
--	"	"	"	3	----
--	"	"	"	4	----
23					100.0 %

Of these 23 women it was further noted that 60 children had been born of whom 41 were still living, while 19 had died.

CHILDREN	60	100 %
ALIVE	41	68 %
DEAD	19	32 %

3. KATA QALA

38 women were examined in this village. All have been resident here all their lives. No children were recorded with signs of cretinism, locomotion difficulty or retardation. However, one child was recorded as being mute and another child was recorded as being deaf. Both these children came from the same family. The histories of these children was not revealed to the examiner.

One woman presented with goitre (class 1a). During palpation the presence of what felt like a nodule was apparent, but it was located in the area of the trachea and not the thyroid, so it was not considered to be related to goitre.

Information gathered and recorded at the examination:

38 WOMEN EXAMINED

20	WOMEN WITH CLASS 0	52.6 %
15	" " " 1a	39.5 %
2	" " " 1b	5.3 %
1	" " " 2	2.6 %
--	" " " 3	----
--	" " " 4	----
38		100.0 %

Of these 38 women it was further noted that 155 children had been born of whom 105 were still living, while 50 had died.

CHILDREN	155	100 %
ALIVE	105	68 %
DEAD	50	32 %

4. DASHT-E-KHALIQ

36 women were examined in this village. Of these, 19 came from other places (10 from Kabul). No children were recorded with signs of cretinism, deaf/mutism, locomotion difficulty or retardation.

One twelve year old boy in the village was deaf and dumb, the result of typhoid fever four years before. The "Doctor" (four years medical training in Kabul) who accompanied the examiner reported that six people had contracted typhoid fever four years ago. All had recovered except the boy, who was sent to Kabul for treatment but the medicine was not effective.

This village was relatively well-off; the women were well dressed and lived in houses whose standard was much higher than those in the other villages.

The doctor's house served as a place for examinations during the final stage of the visit. He was eager to have all the women from his family examined. Although aware of the ages of the target group he continued to bring younger girls and older women and had to be told repeatedly that though these women could be examined, their particulars could not be recorded. A close watch had to be kept on the records book to ensure that he complied with these persistent requests.

One woman presented with goitre (class 2). She said she had had it for two years. It had not caused any pain and she had not been to a doctor.

Another woman said she had suffered from tuberculosis ten years ago and was in hospital in Kabul for three-four months. She presented with a lump under her jawline which had been painful for ten years.

Information gathered and recorded at the examination:
36 WOMEN EXAMINED

27	WOMEN	WITH	CLASS	0	75.0 %
7	"	"	"	1a	19.4 %
1	"	"	"	1b	2.8 %
1	"	"	"	2	2.8 %
--	"	"	"	3	----
--	"	"	"	4	----
36					100.0 %

Of these 36 women it was further noted that 171 children had been born of whom 113 were still living, while 58 had died.

CHILDREN	171	100 %
ALIVE	113	66 %
DEAD	58	34 %

5. MEEKH-E-KORAH

18 women were examined in this village. All have been resident here all their lives. No children were recorded with signs of cretinism, deaf/mutism, locomotion difficulties or retardation.

This village is a mujahideen post so the existence of many more men than usual has inflated the population.

After an initial examination of two women in their home, all following examinations were conducted outside. This village was very poor. All the women co-operated with the examiner, many also wanting their babies and young children checked for different ailments because there was no access to medical facilities in the area.

Information gathered and recorded at the examination:

18 WOMEN EXAMINED

12	WOMEN	WITH	CLASS	0	66.7 %
6	"	"	"	1a	33.3 %
--	"	"	"	1b	----
--	"	"	"	2	----
--	"	"	"	3	----
--	"	"	"	4	----
18					100.0 %

Of these 18 women it was further noted that 65 children had been born of whom 37 were still living, while 28 had died.

CHILDREN	65	100 %
ALIVE	37	57 %
DEAD	28	43 %

6. ALTAR GHANIGAK

33 women were examined in this village. All have been resident here all their lives. Two women in the village each had a deaf child. No further details were revealed to the examiner. No other children were recorded with signs of cretinism, deaf/mutism, locomotion difficulty or retardation.

Two women were recorded as having no evidence of goitre but from palpation one had two lumps in the area of the thyroid and the other had one lump on the left side of the trachea.

This village was very poor, the clothes worn by the people were very old and patched. The women, presumably from their hard lifestyle, looked years older than their stated ages. A large number of them (approx. 30 %) had missing teeth.

Information gathered and recorded at the examination:

33 WOMEN EXAMINED

29	WOMEN WITH CLASS 0	87.9 %
3	" " " 1a	9.1 %
1	" " " 1b	3.0 %
--	" " " 2	----
--	" " " 3	----
--	" " " 4	----
33		100.0 %

Of these 33 women it was further noted that 152 children had been born of whom 77 were still living, while 75 had died.

CHILDREN	152	100 %
ALIVE	77	51 %
DEAD	75	49 %